

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 393
Registered No. 393

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3318 Loomis St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luis Casado { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug 19 1929
Month Day Year

8. FATHER Full name Francisco Casado 14. MOTHER Full maiden name Aguada Cabrera

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 33 (Years) 16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Spain 18. Birthplace (city or place) Mexico
(State or country) (State or country)

13. Occupation Miner 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother 5 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 9:15 a.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller (Physician or midwife)

Given name added from _____ Address Miami, Arizona
Month, day, year _____ Filed Aug 25 29 19 1929
Registrar. Registrar.

336-819-131